

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vicky's	CHAPTER 100.1
Address: 99-1002 D Puumakani Street, Aiea, Hawaii 96701	Inspection Date: August 6, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> Current license not posted.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>It was corrected on the spot. The inspector were here when I put my current license and hang it on the wall.</p> <p>See attached picture of my current license displayed/ hang on the wall</p>	<p>8-6-2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> Current license not posted.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future my license on the as soon as I receive from Department of Health I will include in my audit checklist I will include it also on my daily cleaning check list</p> <p>Please see attached pictures sample of my REMINDER</p>	<p>9/26/ 2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1, SCG #2, SCG #3 – TB clearance forms are unacceptable. TB clearance forms include a photocopy of physician's signature copied onto TB clearance form. Submit TB clearances containing physician's wet signature.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Inform our Doctor that TB clearance are only acceptable with the Doctors WET Signature</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1, SCG #2, SCG #3 – TB clearance forms are unacceptable. TB clearance forms include a photocopy of physician's signature copied onto TB clearance form. Submit TB clearances containing physician's wet signature.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I wrote our Doctor and fax it to his clinic informing that we only accept original copies of all our Medical Documents / TB Test Result with our Doctors WET SIGNATURES.</p> <p>In the Future to prevent similar Deficiency, I will do monthly Audit of the Care Giver Audit Log and make sure that all are UPDATED/CURRENT</p> <p>Please see attached Picture of my Future Reminder and a copy of my letter to our Dr,</p>	9/26/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Cycle menu not being followed for Thursday lunch as observed during annual inspection.</p> <p>Thursday menu states:</p> <ul style="list-style-type: none"> ▪ Lean Turkey slices ▪ Sweet potato - <i>regular baked</i> ▪ Romaine lettuce/tomato slices <i>POTATOES</i> ▪ Orange slices - <i>Banana</i> ▪ Whole wheat bread ▪ Skim milk ▪ Mayonnaise ▪ Tea ▪ Water <p>Lunch tray served to resident's included:</p> <ul style="list-style-type: none"> ▪ Lean turkey slices ▪ Slice of cheese - <i>SUB - regular baked potatoes</i> ▪ White bread - <i>wheat (whole bread)</i> ▪ Mayonnaise ▪ Banana ▪ Tossed salad - <i>includes Romaine lettuce & tomato slices</i> ▪ Water Tea 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>I consult to a dietician and giving me some information guidelines that even if i didnt follow the cycle of the menu listed for as long as the calories are still in range are ok</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> ▪ Regular and special diet menus not posted in dining area ▪ Special diet menu not posted in kitchen 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Regular and Special Diet Menu posted in the kitchen area, done.</p> <p>Regular and Special Diet Menu posted in the dinning are. <i>done</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> ▪ Regular and special diet menus not posted in dining area ▪ Special diet menu not posted in kitchen 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent similar deficiency - I will post the menu on the refrigerator and dining area. & I will do every meal Audit to make sure client is eating the right food that is written in the menu</p>	9/24/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were found without a label in the resident's diabetic equipment and supplies bag:</p> <ul style="list-style-type: none"> ▪ Prednisone Acetate Opth Sus 1% ▪ Ketorolac Tromethamine Opth Soln 0.5% ▪ Moxifloxacin Opth Soln 0.5% 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We immediately labeled the medicine after the inspection and put it in a Zip lock with the residents name before we put it inside facilities medicine box for safe keeping and</p> <p>See attach a sample picture of new medicine of resident #1 labeled with dosage and frequency given.</p>	<p style="text-align: center;">9-02-2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 – The following medications were found without a label in the resident's diabetic equipment and supplies bag:</p> <ul style="list-style-type: none"> ▪ Prednisone Acetate Opth Sus 1% ▪ Ketorolac Tromethamine Opth Soln 0.5% ▪ Moxifloxacin Opth Soln 0.5% 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>As a reminder I will post in a medicine kit, cabinet to labelled all medicine that are unlabelled and put it on each residents zip lock/Bag.</p>	9/2/2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician’s orders ranging from 8/29/19 through 6/26/20 state, “Metoprolol Tartrate 25mg tab take ½ tab PO BID. Hold if SBP <110 or HR <60”. However, on the following dates, the medication administration record (MAR) is initialed as given despite parameters:</p> <ul style="list-style-type: none"> ▪ 9/14/19 – BP 100/66, PM dose ▪ 9/15/19 – BP 109/74, AM dose ▪ 9/16/19 – BP 106/61, PM dose ▪ 9/18/19 – BP 102/64, AM dose 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>I will update my MAR indicating the SBP and HR as it was stated in the order HOLD NO less than 110 or HR less than 60. Thus we can hold medication either results are below parameter.</p>	9/26/2020

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> ▪ Resident #1 – MAR for August 2020 states, "Trazadone HCL 50mg tab take ½ tab by mouth qh". Physician's order for Trazadone ranging from 8/29/19 through 6/26/20 states, Trazadone HCL tab – take ½ tab PO at bedtime for insomnia/restlessness". Order does not state to administer medication "qh". ▪ Resident #1 – MAR for July 2020 states, "B12 Cyanocobalamin take 1 tab daily for anemia (Received by mail 7/13/20)". No dosage indicated on MAR. <p>Submit a revised copy of the resident's MAR.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>My staff immediately corrected the typographic error of MAR for the month of August 2020 resident no.1</p> <p>Please see attached corrected MAR for the month of August 2020</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication was not reevaluated and signed by the physician/APRN every four months or as ordered by the physician, between 12/12/19 and 5/29/20.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>In the future I will do monthly audit to make sure that all medications are being reviewed by the Physician every 3-4 MONTHS</p> <p>See attach sample audit Log of the Residents</p>	<p>9/26/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – Narrative progress note written on 5/29/20 by PCG states, "Telephone order from Dr. Paul Kim changing diet from 1800 cal to 2000 cal diet". However, documentation of telephone order on the physician's order sheet was unavailable for review.</p> <p>Submit documentation of the telephone order on the physician's order sheet. Order must be signed by physician at next visit.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called to the office of Dr. Kim requesting a written sign order from him. According to his staff and nurse he is on a 3 weeks vacation. The staff assured me that they will send the documents when he is back on duty, and I will also send a copy to your office.</p> <p>Please see attached a copy of my fax confirmation to his office</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – July 2020 MAR states, "B12 Cyanocobalamin take 1 tab daily for anemia (Received by mail 7/13/20)". However, medication was signed off as being given on MAR from 7/1/20-7/12/20, prior to receiving physician's order.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>I immediately ordered my office staff to correct & print a new MAR for the month of July 2020 indicating the right date medicine received and administer</p> <p>Please see attach copy of MAR resident 1 for the month of July 2020</p>	

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AUG 26 2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – July 2020 MAR states, "B12 Cyanocobalamin take 1 tab daily for anemia (Received by mail 7/13/20)". However, medication was signed off as being given on MAR from 7/1/20-7/12/20, prior to receiving physician's order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Since Resident 1 is now enrolled at VA.gov whereeventually we can have a full access on his medical records and we can also access the Pharmacy Department records to all his medicines. So i can assure the Department that this kind mistake can be avoided in the future. In the future we will also double check the encoded MAR of the residents</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (a) Each resident shall be given proper daily personal attention and care including but not limited to skin, nails, hair, teeth, and oral hygiene in addition to any therapeutic regimen ordered by the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's orders from 8/29/19 until 6/28/20 state, "Accu-Chek Aviva Plus (Glucose) test strip – 1 test strip as directed 3 to 4 times daily to check blood sugar levels. However, documentation of blood sugar checks being performed 3-4 times per day was unavailable for review.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>Future correction explained next page</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (a) Each resident shall be given proper daily personal attention and care including but not limited to skin, nails, hair, teeth, and oral hygiene in addition to any therapeutic regimen ordered by the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 -- Physician's orders from 8/29/19 until 6/28/20 state, "Accu-Chek Aviva Plus (Glucose) test strip -- 1 test strip as directed 3 to 4 times daily to check blood sugar levels. However, documentation of blood sugar checks being performed 3-4 times per day was unavailable for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent recurrence of citation, I will confirm to the MD all orders after MD appointment and request a copy of prescription/ order list, reconcile order at MAR</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 -- Initial TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I immediately called VA and ask to send me a copy of resident TB test result the soonest, explaining to them that what they gave to me was not acceptable to the Department of Health</p> <p>Please see attached a copy of TB test of resident #1 received last 8/18/20 and a copy of his previous TB test that we recieve from VA and not acceptable to the Health Department for references</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 -- July 2020 progress note unavailable for review.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>There is nothing to be corrected because Residents Progress and Narrative note was and still filed on the Progress Notes section of his chart</p> <p>See attach copy of Resident #1 Progress/ Narrative notes</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 -- July 2020 progress note unavailable for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will make sure all Progress Notes (MD & PCG Notes) will be filed in the chart and I will include in my monthly audit</p> <p>.See attached sample of my Residents Monthly Audit Log</p>	9/26/202

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> PCG – White out used on date on TB clearance form. Form date revised to 6/22/20 using white out.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>I immediately called my Dr. to give me a copy of my TB test without any kind of correction nor erasion</p> <p>Please see attach the original copy of PCG TB test result 2020. (note: Only 1 copy) ARCH files is a photocopy</p> <p><i>See Original Copy attach on page 5</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Resident Emergency Information sheet is not current and does not reflect the resident's current diagnoses, pertinent medical history, or allergies.</p> <ul style="list-style-type: none"> ▪ Diagnoses missing: right bundle branch block, diabetes mellitus type II ▪ Pertinent medical history missing: history of cholecystectomy (perforated gall bladder), history of stroke ▪ Allergies missing: Aggrenox and lisinopril <p>Submit an updated copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>After the inspection last August 6, 2020 my staff immediately updated resident #1 Emergency Information Record</p> <p>FYI: Allergies was encoded nothing to update</p> <p>See attach of Old and revise copy of Emergency Information Record for future references</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Family member appointed to be responsible for resident's finances did not sign resident's financial statement.</p> <p>Submit signed financial statement by family member with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I will write a letter of Agreement to clients brother, stating he (Resident # 1) still Able and Responsible of Handling his (Resident #1) Financial and Liabilities. Make the brother sign it when he is able to visit his older brother and immediately I will send the Department of Health a copy</p> <p>See attached sample letter to the member the resident re not responsible Financial Statement of the resident</p>	<p>9/24/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 -- Family member appointed to be responsible for resident's finances did not sign resident's financial statement.</p> <p>Submit signed financial statement by family member with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to remind myself to do the FINANCIAL STATEMENT, I will put a checklist in front of the chart, to make that upon Admission, Documents are complete and signed</p> <p>See attached sample Reminde: Admission Checklist</p>	<p>9/26/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Strong urine odor emanating from resident's bathroom.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>This particular resident (DS) has been self training himself to use the toilet during the day and night time he uses urinal. Occasionally he had accidents urinating his pants and it scattered a little, while walking on his way to the bathroom. Unfortunately one of those times is when you were here We immediately clean it but not thoroughly yet because inspections start and we were pre occupied assessing the inspectors needs and focusing to the answer and give what they were asking for our annual evaluation</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u> Housekeeping plan to remove odors was not implemented as evidenced by the strong odor of urine emanating from the resident's bathroom. Submit copy of plan to remove odors with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Strong odor of urine from the bathroom seldom happend because I make sure the facilities is clean orderly and neat. I already explained on page 34-35 the incident. House keeping routine daily is implemented. I specifically instructed my staff to maintain the cleanliness and after the residents woke up, finish using the bathroom and starting eating there meal, My SCG and helper start cleaning, from bed to floor and the last part to clean is the bathroom, by that time the residents are done and ready to do there daily routine, one of my staff will clean the bathroom and use disinfectant such as Clorox (Chlorox prportion for disinfectant/deodorizing 1/2c- 1 gal water (toilet bowls, garbagecans,flours)) ,soap (powdered), baking soda and scrub the floor and SCG on duty start collecting the used towels and residents dirty clothes.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> ▪ Bedroom #2 - Trail of ants on windowsill ▪ No soap available for handwashing in resident's bathroom 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We immediately spray insecticide to get rid of the ants and instructing the residents not to leave any kind of food/snacks inside the room. Also I instructed the housekeeping maintenance to check the windows</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Comple Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B)</p> <p>Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u></p> <p>Residents' pillows missing pliable plastic pillow protectors.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We immediately replace again the pliable plastic pillow and I educate them again the importance</p> <p>I keep telling the residents that it is necessary to put the pliable plastic pillow protector. My SCG on duty always make sure all bed room furnishings are available, clean for the residents comfort.</p> <p>In the future I will include all this to the check list of to do list</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Signaling device unavailable in resident's bathroom. Per SCG #1 verbal report, SCG#2 removed it when repainting the bathroom.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>It was removed due to renovation and re painting it was re installed after the renovation was done ></p> <p>See attach picture of the signaling device re installed to the main bathroom</p>	

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Licensee's/Administrator's Signature: Victoria Eschen

Print Name: VICTORIA ESCHEN

Date: 10, 26, 2020